**Direct Care Staff:**                                                    **Date of Hire:**

Employee/Volunteer File Contains (Part II.D.2.):
a.  Employee Application
b.  A clear job description
c.  Reference Checks
d.  A signed background check authorization and consent form
e.  A complete background check report
f.  The DHS Provider Code of Conduct signed by the employee annually
g.  First-Aid and CPR certification as required by licensing
h.  A copy of DOPL license (SSW license if completing client action plans, Part II.D.3.)
i.  Proof of attendance and hours of domestic violence training (first yr. 24 hrs./annual 16 hrs.) (Part II.D.4.b.)
j.  A completed conflict of interest form

**Training Requirements (Part II.D.4.)**
        a.  <u>Within First 30 days and Annually thereafter</u>
           1.  DHS Provider Code of Conduct
           2.  Orientation to the DHS/DCFS Contract requirements

Emergency Management and Business Continuity Plan (annual)(Part I. B.)nm

<u>Required Training Documentation</u>
1.  Title & Brief Description of Course Content
2.  Date Training Completed
3.  Duration of Training Course
4.  Instructor Name & Qualifications Related to Course
5.  Employee Signature (Handwritten or Electronic)

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**9/10/2014**